

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

TRADE & Design
**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 50049

First Named Inventor Crabtree

COMPLETE IF KNOWN

Application Number

Filing Date 10/3/2003

Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am *an* the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Ranger/Hybrid Automatic Self-Metering Nozzle, with Ratio-Selectable & Flow Meter Features

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

10/03/2003

as United States Application Number or PCT International

Application Number 10/671,900 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

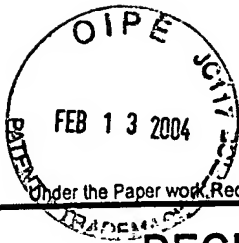
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.



PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

☒ Customer Number
or Bar Code Label

22929

OR

☐ Correspondence address below

Name Sue Z. Shaper

Address 1800 West Loop South, Suite 750

City Houston

State Texas

ZIP 77027

Country USA

Telephone 713 550 5710

Fax 713 550 5709

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Dennis W.

Family Name

or Surname Crabtree

Inventor's
Signature*Dennis W. Crabtree*

Date 12-18-03

Residence: City Beaumont

State Texas

Country

Citizenship USA

Mailing Address 4675 Barton Lane

City Beaumont

State Texas

ZIP 77706

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Dwight P.

Family Name

or Surname Williams

Inventor's
Signature

Date

Residence: City Vidor

State Texas

Country

Citizenship US

Mailing Address 1530 Texla Road

City Vidor

State Texas

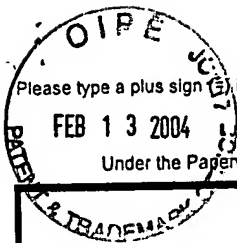
ZIP 77662

Country USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

Please note: prior declaration inadvertently omitted Crabtree address.



Please type a plus sign (+) inside this box →

FEB 13 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	10/3/2003
First Named Inventor	Crabtree, Dennis W.
Title	Ranger/Hybrid Automatic Self-Metering Nozzle, with Ratio-Selectable & Flow Meter Features
Group Art Unit	
Examiner Name	
Attorney Docket Number	50049

I hereby appoint:

☒ Practitioners at Customer Number

22929

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

<input type="checkbox"/> Firm or Individual Name	Sue Z. Shaper				
Address	1800 West Loop South, Suite 750				
Address					
City	Houston	State	Texas	Zip	77027
Country	USA				
Telephone	713 550 5710	Fax	713 550 5709		

I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Randy Williams, (title)	for Williams Fire & Hazard Control, Inc.
Signature		
Date	12-19-03	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.